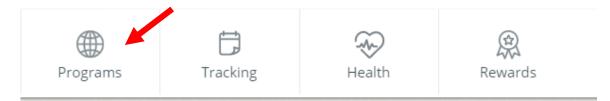
Biometric Screenings via Physician Form

If you prefer to visit your primary care provider to receive points for completing your biometric screening you can access a form to take to your physician to complete.

Log into your My Health Rewards account and navigate to Programs.



Scroll down until you reach the program titled "BIOMETRIC SCREENINGS VIA PHYSICIAN FORM" and click on START NOW



This will direct you to a new page containing the physician form. Click on the click here to print the document button. This will print out a copy of the form to take to your primary care physician.



Complete the following section of the form:

PART 1: Member Information of the physician form below.

- First Name
- Last Name
- DOB
- Employee ID (leave this section blank)

Physician will complete the rest of the form and sign. Completed form should be faxed to 508-302-0055 which is noted at the top of the form.

Program Year: <XX/XX/XX-XX/XX>



VIRGIN PULSE BIOMETRIC SCREENING FORM

As part of the wellness program, you may submit a biometric screening attestation form signed by your physician by sending this completed form to Virgin Pulse. Once the form is loaded into the system, you will see this requirement marked Complete on your My Rewards page. Submit this form by faxing it to 508-302-0055.

PART 1: MEMBER INFORMATION (Participant completes Part 1)					
First Name					
Last Name					
Email Date of Birt			mm/dd/yyyy Employee ID		
Employee Spouse					
Consent to use information. I, Participant, hereby authorize my provider to release any information within this form to Virgin Pulse, Inc. I understand that Virgin Pulse, Inc. will utilize this information solely for the purposes of administration of its wellness program and will dispose of this form in accordance with applicable law. My personal health data is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA, and will not be shared with _Employer/Sponsor Names.					
PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)					
Healthcare Provider Phone Date of Screening Screenings valid					
PATIENT INFORMATION					
Height Weight Fasted for at least 9 hours? Omega Geet Inches Pounds Pound					
METRICS: For results that are healthy for this person, but outside the guidelines range, also check the box and initial.					
ВМІ			Non-HDL	□□□ mg/dL	
Body Fat	□□%		Triglycerides	□□□ mg/dL	
Blood Pressure	mmHg		A1C	□□□ mg/dL	
Total Cholesterol	mg/dL		Glucose	□□□ mg/dL	
HDL	mg/dL		Waist Circumference	inches	
LDL	□□□ mg/dL				